

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101070919

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2				
4						
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29	1					
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31		2				
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52						
53						
54						
55						
56						
57			1			
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66			1			
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95						
96						
97						
98						
99						
100						
TOTAL IND.			1			
TOTAL DEP.						
TOTAL CLAIMS			19			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS